

<i>SERFF Tracking Number:</i>	<i>AMFA-127322788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>49332</i>
<i>Company Tracking Number:</i>	<i>ALIC - 9040 REV. 07-11</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - 9040 Rev. 07-11</i>		
<i>Project Name/Number:</i>	<i>9040 Rev. 07-11/9040 Rev. 07-11</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - 9040 Rev. 07-11

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-127322788 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: ALIC - 9040 REV. 07-
11 State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Janis Landon, Stephanie
Mundt, Mary Chmelka

Date Submitted: 07/18/2011

Disposition Date: 07/19/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 9040 Rev. 07-11

Project Number: 9040 Rev. 07-11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Blanket, Trust

Filing Status Changed: 07/19/2011

State Status Changed: 07/19/2011

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Description:

Insert Pages: 9040 Rev. 07-11 – Schedule of Benefits

Optionals and Variables

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Janis Landon

PLEASE NOTE: This filing is identical in content to two other filings being submitted on behalf of Reliance Standard Life Insurance Company and Standard Insurance Company. We would appreciate the Department's consideration of consistent and similar reviews.

SERFF Tracking Number:	AMFA-127322788	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	49332
Company Tracking Number:	ALIC - 9040 REV. 07-11		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	ALIC - 9040 Rev. 07-11		
Project Name/Number:	9040 Rev. 07-11/9040 Rev. 07-11		

Dear Sir/Madam:

Enclosed for your review and approval is the above captioned form. The 9040 page will replace 9040 Rev. 02-11, previously approved by your Department under SERFF # AMFA-127045245.

The only addition to this form is that of an increasing vision maximum benefit as an option to our policyholders so that if this plan is selected, the Member's eye care maximum will increase each benefit period up to the greatest amount in either the 3rd or 4th benefit period.

This form will be used with the group dental forms 9000 Rev. 03-08 and certificates 9021 Rev. 03-08, 9021-Trust Rev. 03-08 and 9021-B Rev. 03-05, previously approved by the Department under SERFF#'s AMFA-125485830, AMFA-125577585, and AMFA-127045245. The proposed effective date will be upon approval by your Department.

These forms will be marketed to any eligible group as defined by the state of issue however; the primary market will be an employer-employee group.

We are requesting approval of these forms with the variability as noted within the items bracketed and defined within the Optionals and Variables. These variable provisions reflect the plan design options and features, which are selected by the policyholder. These include varying deductibles, coinsurance percentages, maximums and claim allowance options.

These forms, when scored with the policy and certificate, achieve a score of 50 when scored on the Flesch reading ease test. No part of this filing contains any unusual or possibly controversial items from normal company and industry standards.

Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2573 or email jlandon@ameritas.com.

Sincerely,
Janis Landon
Senior Contract Analyst

Company and Contact

Filing Contact Information

Janis Landon, Senior Contract Analyst
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Lincoln, NE 68521

jlandon@ameritas.com
800-745-1112 [Phone] 82444 [Ext]
402-309-2573 [FAX]

SERFF Tracking Number:	AMFA-127322788	State:	Arkansas
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Company Tracking Number:	ALIC - 9040 REV. 07-11		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	ALIC - 9040 Rev. 07-11		
Project Name/Number:	9040 Rev. 07-11/9040 Rev. 07-11		

Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889	Group Name:	State ID Number:
Lincoln, NE 68501-1889	FEIN Number: 47-0098400	
(800) 756-1112 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form x \$50.00 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	07/18/2011	49864603

<i>SERFF Tracking Number:</i>	<i>AMFA-127322788</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - 9040 Rev. 07-11</i>		
<i>Project Name/Number:</i>	<i>9040 Rev. 07-11/9040 Rev. 07-11</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2011	07/19/2011

<i>SERFF Tracking Number:</i>	<i>AMFA-127322788</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>9040 Rev. 07-11/9040 Rev. 07-11</i>		

Disposition

Disposition Date: 07/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFA-127322788</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Optionals & Variables	Approved-Closed	Yes
Supporting Document	Redline Version of Form	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes

SERFF Tracking Number:	AMFA-127322788	State:	Arkansas
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Form Schedule

Lead Form Number: 9040 Rev. 07-11

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/19/2011	9040 Rev. 07-11	Policy/Cont Schedule of Benefits racted/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 9040 Rev. 02-11 Previous Filing #: AMFA-127045245	50.000	9040 Rev. 07-11.pdf

SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE

The Insurance for each Insured [and each Insured Dependent] will be based on the Insured's class shown in this Schedule of Benefits.

Benefit Class

Class Description

[Class 1

All Eligible Employees]

[DENTAL EXPENSE BENEFITS

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out-of-pocket costs.]

Deductible Amount:

[When a Participating Provider is used:]

[Type 1 Procedures] - [each Benefit Period]	[\$0][*]
[Type 2 Procedures] - [each Benefit Period]	[\$50][*]
[Type 3 Procedures] - [each Benefit Period]	[\$50][*]
[Type 4 Procedures] - [each Benefit Period]	[\$50][*]

[When a Non-Participating Provider is used:]

[Type 1 Procedures] - [each Benefit Period]	[\$0][*]
[Type 2 Procedures] - [each Benefit Period]	[\$50][*]
[Type 3 Procedures] - [each Benefit Period]	[\$50][*]
[Type 4 Procedures] - [each Benefit Period]	[\$50][*]

Maximum Deductible [each Benefit Period, per Quarter]

[\$50]

[[Any deductible satisfied during the Benefit Period will be applied to both the Participating Provider Deductible and the Non-Participating Provider Deductible.] Once the Maximum Deductible per Benefit Period has been met, no further deductible will be required for that Benefit Period.]

[Dental expenses incurred by an individual on or after January 1, [2010], but before [May 1, 2010], will apply to the Deductible Amount if:

- a. proof is furnished to us that such dental expenses were applicable to the deductible under the Policyholder's dental insurance policy in force immediately prior to [May 1, 2010]; and
- b. such expenses would have been considered Covered Expenses under this policy had this policy been in force at the time the expenses were incurred.]

Coinurance Percentage:

[Participating Provider]

[Non-Participating Provider]

[Type 1 Procedures]	[100%]	[90%]
[Type 2 Procedures]	[80%]	[70%]
[Type 3 Procedures]	[50%]	[40%]
[Type 4 Procedures]	[50%]	[50%]

Maximum Amount – [Each Benefit Period]

[\$1500][*]

SCHEDULE OF BENEFITS

(Continued)

[You and/or your dependents must be insured under the dental plan for [6] months to be eligible for Type [3] Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.]]

[ORTHODONTIC EXPENSE BENEFITS

[Deductible Amount]	[\$0]
[Coinsurance Percentage]	[50%]
[Maximum Benefit during Lifetime]	[\$1,000]

[The Plan pays [25%-50%] of covered Orthodontic Expenses.]

[The Maximum Benefit shown above will be modified for:

- a. any person who was insured for an Orthodontic Expense Benefit under the prior carrier on [December 31, 2007], and
- b. on [January 1, 2008] is both:
 - i. insured under the policy, and
 - ii. currently undergoing a Treatment Program which would have been a covered Treatment Program under the prior carrier had the prior carrier's coverage remained in force.

The modification will result in a reduction of the Maximum Benefit based on:

- a. the normal benefit payable under the policy for the current Treatment Program, minus any amounts to which the person is entitled from the prior carrier for such Treatment Program.

Nothing stated above, however, will act to provide coverage or increase benefits, when the Treatment Program is subject to any limitation shown on 9260.]

[You and/or your dependents must be insured under the dental plan for [12] months to be eligible for Orthodontic Procedures. Please refer to the ORTHODONTIC EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.]]

[EYE CARE EXPENSE BENEFITS

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out-of-pocket costs.]

Deductible Amount:

[Exam- [each Benefit Period]]	[\$ 10][*]
[Lenses - Other than contact lenses- [Once Per Lifetime]]	[\$ 25][*]
[Frames and Contact Lenses - [Once Per Lifetime]]	[\$ 25][*]

[Maximum Amount – [each Benefit Period] [\$200][*]

[Increasing Eye Care Maximum]

For Covered Procedures, we will pay up to the following maximum amount that corresponds to the Benefit Period in which the Covered Procedure was performed:

[Maximum Amount -	1st Benefit Period	[\$0-350]
	2nd Benefit Period	[\$0-350]
	3rd Benefit Period	[\$50-400]
	4th + Benefit Period	[\$50-400]]

[Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.]]

[LASER VISION CORRECTION EXPENSE BENEFITS]

[Deductible Amount - [each Benefit Period]]	[\$50]
Coinsurance Percentage:	[100%]

[Please refer to the LASER VISION CORRECTION BENEFIT RIDER for details regarding frequency, limitations, and exclusions.]]

[HEARING CARE EXPENSE BENEFITS]

Deductible Amount:

[Exams] - [each Benefit Period]	[\$0]
[Hearing Aids] - [each Benefit Period]	[\$0]
[Hearing Aid Maintenance] - [each Benefit Period]	[\$0]
[Hearing Miscellaneous] - [each Benefit Period]	[\$0]]

[If an Insured incurs Covered Expenses:

- i. during the last three months of any Benefit Period; and
- ii. these expenses are applied towards the Deductible Amount for that Benefit Period,

Such Covered Expenses will also apply to the Deductible Amount for the following Benefit Period.]

Coinsurance Percentage:

[Exams]	[100%*]
[Hearing Aids]	[50%]
[Hearing Aid Maintenance]	[100%*]
[Hearing Miscellaneous]	[100%*]]

*refer to 9290 SCHEDULE OF HEARING CARE SERVICES regarding the amount of benefits payable.

[[Hearing Aid] Maximum Amount [(per ear)]:

[1st 12 month Period]	[\$400]
[2nd 12 month Period]	[\$600]
[3rd 12 month Period]	[\$800]
[4th 12 month Period or thereafter]	[\$1,000]

The term “12 Month Period” means the 12 month period of time beginning with the effective date of the hearing care benefits shown above for the Insured and each Insured Dependent, if any, and thereafter each subsequent 12 month period that begins on the anniversary of the effective dates described earlier in this sentence. It is important to note that for purposes of determining the appropriate 12 Month Period, the Insured and each Insured Member, if any, may have different initial effective dates depending on when they first became covered by this Policy.

EXCEPTION: If an Insured or Insured Dependent, if any, was previously covered under this policy but had a break in continuous coverage under this policy of more than twelve consecutive months, upon resuming coverage hereunder the Insured or Insured Dependent, if any, will be considered a new insured person for determining the applicable 12 Month Period when calculating the Covered Expense. After resuming coverage under this policy following a break in coverage of more than 12 consecutive months, the insured’s initial 12 Month Period (and each subsequent 12 Month Period) will be based on the Insured’s new effective date. Insureds with a break in coverage under this policy of less than 12 consecutive months will, upon resumption of their coverage under this policy, be treated as if they had continuous coverage under this policy **BUT ONLY FOR PURPOSES OF THE 12 MONTH PERIOD DETERMINATION.** For all other purposes, persons will not be considered insured under this policy during any period of time when their coverage is not in effect.]

[COMBINED EXPENSE BENEFITS]

[*Combined [Dental And Eye Care] Deductible Amount: [each Benefit Period]] [\$50]
The deductibles listed with the () above are subject to the maximum deductible amount listed here.]*

[*Combined [Dental and Eye Care] Maximum – [each Benefit Period] [\$1,500]
The maximums listed with the () above are subject to the maximum amount listed here.]*

[Combined [Dental and Eye Care] Exam Frequencies
Routine Exams for [Dental and Eye Care] are limited to [Twice] per [Benefit Period]

Dental Exams will include:

- [D0120 Periodic oral evaluation]
- [D0150 Comprehensive oral evaluation - new or established patient.]
- [D0180 Comprehensive periodontal evaluation – new or established patient.]

A routine eye care exam is a vision examination as defined on the Schedule of Eye Care Services.]

The above frequencies for [Dental and Eye Care] Exams are subject to the plan frequencies as defined within the [Table of Dental Procedures and the Eye Care Insurance provision].])

[DENTAL EXPENSE BENEFITS]

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.]

- First Level: The Plan pays [0 - 100]% of the first \$[0-5,000] of Covered [Preventive, Dental and Orthodontic] Expenses [up to the Maximum Amount].
- Second Level: You pay the next \$[25 - 250] of Covered Expenses. (You will not be reimbursed for this \$[25 - 250] of Covered Expenses.)
- Third Level: The Plan will also pay [0 - 100]% of the next \$[0 - 5,000] of any Covered [Dental and Orthodontic] Expenses [subject to the Maximum Amount].

Fourth Level: The Plan will also pay [0 - 100]% of the next \$[0 - 5,000] of any Covered [Dental and Orthodontic] Expenses [subject to the Maximum Amount].

Fifth Level: The Plan will also pay [0 - 100]% of the remaining \$[0 - 5,000] of any Covered [Dental and Orthodontic] Expenses [subject to the Maximum Amount].

[Maximum Amount [per Benefit Period]

[\$500 - 2,500, Not Applicable]]

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<i>Project Name/Number:</i>	<i>9040 Rev. 07-11/9040 Rev. 07-11</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/19/2011
Comments:		
Attachment:		
AR - readability-alic.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	07/19/2011
Bypass Reason: n/a		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Optionals & Variables	Approved-Closed	07/19/2011
Comments:		
Attachment:		
Opt & Var 9040 Rev. 07-11.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Redline Version of Form	Approved-Closed	07/19/2011
Comments:		
Attachment:		
9040 Rev. 07-11-increasing max-rl.pdf		


STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Ameritas Life Insurance Corp.

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
9040 Rev. 07-11	50, with policy/certificate	Schedule of Benefits
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complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE:	Gail M. Garcia	 Digitally signed by Gail M. Garcia DN: cn=Gail M. Garcia, o=Ameritas Life Insurance Corp., ou=Group Compliance, email=ggarcia@ameritas. com, c=US Date: 2009.05.12 13:04:06 -05'00'
TYPED NAME:	Gail M. Garcia	
TITLE:	Vice President - Group Compliance	
DATE:	07/18/11	

OPTIONALS AND VARIABLES
9040 Rev. 07-11

No change will be made to any policy or certificate in violation of state statutes.

General Items

- 1) We wish to reserve the right to change any addresses, telephone number, websites, and titles of company personnel should they change in the future.
- 2) If the Policyholder has elected multiple plan designs which may be offered within the same policy, e.g., different plans per classes of insureds, optional buy-up feature, tec., then the group policy will be issued with multiple Schedule of Benefits (9040), Dental Expense Benefits (9219) and Table of Dental Procedures (9232) which will reflect each plan design being offered. Each certificate will include only those pages reflecting that plan design.
- 3) If the Policyholder does not choose to cover Dependents, all Dependent provisions and references will be deleted.
- 4) References to Dental, Eye Care and/or Hearing will be added/removed if the plan design does not contain Dental, Eye Care, and/or Hearing as selected by the Policyholder.
- 5) References to Employer and Employee and the subsequent sections that pertain to an Employer/Employee relationship under the policy may be removed if issued to a policy that is not sponsored by an employer.

SCHEDULE OF BENEFITS – 9040

The Benefit Class Description of eligible members and dependents could be modified as required by the policyholder.

The sample Schedule of Benefits pages as submitted illustrates one specific plan design. The following illustrate the variances, which are based on the plan design selected by the Policyholder. The Schedule of Benefits will reflect the plan design chosen by the Policyholder.

If a particular Benefit Type is not selected by the Policyholder or not included because of coverage philosophy that Benefit Type will be removed entirely.

BENEFIT CLASS & OPTIONS

1. References to certain benefits, (ex. orthodontia, eye care, ppo), could be deleted if not selected by the Policyholder. Benefit options such as deductibles, coinsurance percentages and maximums will reflect the plan design selected by the Policyholder.
2. All benefits, definitions, waiting periods and contributions could be broken out to provide different levels according to classes if required by the Policyholder. (ex. Union employees, non-union employees, clerical employees, non-clerical employees).

DENTAL EXPENSE BENEFITS

When the Policyholder has not chosen a PPO (or Participating Provider) option, all references to participating and non-participating providers are deleted.

DEDUCTIBLE AMOUNT

Dependent upon Policyholder selection, Deductible Amounts can range from \$0 to \$250 in increments of \$5, by frequency of services and/or Benefit Type, and can be applied per Benefit Period, Quarter, Visit, and/or Lifetime. Deductible Amounts can be combined to apply to more than one Benefit Type. For example, a \$50 per Benefit Period deductible can apply to Type 1, Type 2, Type 3, and/or Type 4 benefits.

If the Deductible Amount is different when utilizing a Participating Provider versus a Non-Participating Provider the Deductible Amount will be listed similar to the following:

Deductible Amount:

When a Participating Provider is used:

Combined Type 1, 2 and Type 3 Procedures - each Benefit Period
\$50

When a Non-Participating Provider is used:

Type 1 Procedures
\$0
Combined Type 2 and Type 3 Procedures - each Benefit Period
\$50

The Maximum Deductible option provides a limit on the Deductible amounts that apply in a Benefit Period. For example, a \$10 per Visit Deductible when seeing a Participating Provider and a \$50 per Benefit Period Deductible when seeing a Non-Participating Provider may be limited to a total of \$50 per Benefit Period deductible when a Participating and Non-Participating Provider are seen in the same Benefit Period. The following language would be added for plans with this option:

Maximum Deductible per Benefit Period
\$50

Any deductible satisfied during the Benefit Period will be applied to both the Participating Provider Deductible and the Non-Participating Provider Deductible. Once the Maximum Deductible per Benefit Period has been met, no further deductible will be required for that Benefit Period.

When the policyholder has chosen to include a deductible carry-over provision, the following language will be added to the paragraph DEDUCTIBLE AMOUNT, on the Schedule of Benefits:

If an Insured incurs Covered Expenses:

- i. during the last three months of any Benefit Period; and
- ii. these expenses are applied towards the Deductible Amount for that Benefit Period,

Such Covered Expenses will also apply to the Deductible Amount for the following Benefit Period.

When the policyholder has chosen to include a maximum on the number of Deductibles required to be satisfied by a family, the following language will be added to the paragraph DEDUCTIBLE AMOUNT or added by rider:

On the date that [two] [three] [four] members of one family have satisfied their own Deductible Amounts for [the Benefit Period] [their Lifetime], no Covered Expenses incurred after that date by any other family member will be applied toward the satisfaction of any Deductible Amount for the rest of that [Benefit Period]. No Covered Expense that was incurred prior to such date that was used to satisfy any part of a Deductible Amount will be eligible for reimbursement, however.

When the policyholder has chosen to include a maximum dollar amount of deductible required to be satisfied by a family, the following language will be added to the paragraph DEDUCTIBLE AMOUNT or added by rider. This dollar amount may be per Benefit Period, Quarter, or Lifetime and ranges from \$0 - \$300 in \$5 increments.

On the date that the members of one family have satisfied the Maximum Family Deductible shown below, no covered Expenses incurred after that date by any other family member will be applied toward the satisfaction of any Deductible Amount for the rest of that [Benefit Period] [Quarter] [their Lifetime].

Maximum Family Deductible
\$[150]

When the policyholder has chosen to include a maximum dollar amount of Deductible required to be satisfied by a family with different amounts when choosing a Participating versus Non-Participating Provider, the following language will be added to the paragraph DEDUCTIBLE AMOUNT or added by rider. The dollar amounts may be by Benefit Period, Quarter, or per Lifetime and range from \$0 - \$300 in \$5 increments:

On the date that the members of one family have satisfied the Maximum Family Deductible shown below, no Covered Expenses incurred after that date by any other family member will be applied toward the satisfaction of any Deductible Amount for the rest of that [Benefit Period] [Quarter] [their Lifetime].

	Participating Provider	Non-Participating
Provider		
Maximum Family Deductible	\$[100]	\$[150]

The paragraph regarding Deductible Takeover will be removed if the plan design selected does not include benefits for Takeover.

COINSURANCE PERCENTAGE

The Coinsurance Percentage can range between 0% to 100% in increments of 5%.

Type 1 Procedures	25% - 100%
Type 2, 3, or 4 Procedures	0% - 100%

If the Plan Allowance selected by the policyholder is on a scheduled basis or is based solely on the Actual Charge of the provider the following is included next to the Coinsurance Percentage for clarification purposes:

Coinsurance Percentage:	
Type 1 Procedures	25% - 100% [of Schedule, of Actual
Charges]	
Type 2 Procedures	0% - 100% [of Schedule, of Actual
Charges]	
Type 3 Procedures	0% - 100% [of Schedule, of Actual
Charges]	

Type 4 Procedures
Charges]

0% - 100% [of Schedule, of Actual

If the Coinsurance Percentage is different when utilizing a Participating Provider versus a Non-Participating Provider the Coinsurance Percentage will be as listed in the example below:

Coinsurance Percentage: Provider	Participating Provider	Non-Participating
[Type 1 Procedures]	[25% - 100%]	[25% - 100%]
[Type 2 Procedures]	[0% - 100%]	[0% - 100%]
[Type 3 Procedures]	[0% - 100%]	[0% - 100%]
[Type 4 Procedures]	[0% - 100]	[0% - 100%]

The difference between participating and non-participating providers will not exceed state allowances.

If an Incentive Coinsurance Percentage is selected it will be as listed in the **example** below. The Incentive Coinsurance Percentage amounts will also vary from 0% - 100% in increments of 5%. It may also be separated into Participating Provider versus Non-Participating Provider amounts, similar to the above, if the Coinsurance Percentage is different when utilizing a Participating Provider versus Non-Participating Provider and determined on an Incentive basis.

Coinsurance Percentage:

Type 1 Procedures:

Step 1.	70%
Step 2.	80%
Step 3.	90%
Step 4.	100%

Type 2 Procedures:

Step 1.	50%
Step 2.	60%
Step 3.	80%
Step 4.	90%

Type 3 and Type 4 Procedures:

Step 1.	25%
Step 2.	35%
Step 3.	50%
Step 4.	60%

If an Incentive Coinsurance Percentage is selected, a descriptive paragraph outlining when the Insured moves between the Steps will be included. The Coinsurance Steps range from two steps up to four steps. The Coinsurance Percentage as listed will be adjusted to accurately reflect the number of steps included in the plan design. The dates used below are illustrative, the appropriate dates based on the policyholder's actual effective date will be used. Below are the Incentive Method descriptive paragraph options that can be selected:

1. Effective Date Incentive:

[For those persons insured on [January 1, 2009] Step [3] applies during the first Benefit Period the person becomes insured.

For those persons insured after [January 1, 2009] Step 1 applies during the first Benefit Period the person becomes insured.

or

Step 1 applies during the first Benefit Period the person becomes insured.]

If a plan includes Takeover benefits the first two paragraphs above will be included to allow those that qualify for Takeover to start at a higher Coinsurance Percentage. If a plan does not include Takeover benefits only the last sentence above will be included.

If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 will apply during the second Benefit Period, Step 3 during the third Benefit Period, and Step 4 will apply during each Benefit Period after.

If, during any Benefit Period, the person fails to visit a dentist or fails to have a dental procedure performed, Step 1 will automatically reapply during the following Benefit Period, and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

2. Date of Hire Incentive:

A. The Coinsurance Percentage Steps for those persons insured after [January 1, 2009], will be determined as follows:

1. Step 1 applies during the first Benefit Period the person becomes insured.
2. If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 and 3 will apply during the second and third Benefit Period, respectively, and Step 4 will apply during each Benefit Period after.
3. If, during any Benefit Period, the person fails to visit a dentist to have a dental procedure performed, Step 1 will automatically reapply during the following Benefit Period, and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

B. The Coinsurance Percentage Steps for those persons insured on [January 1, 2009], will be determined as follows:

Step 1 Those employed in [2009].

Step 2 Those employed in [2008].

Step 3 Those employed in [2007].

Step 4 Those employed prior to [2007].

1. Any such person between [January 1, 2009], and [December 31, 2009] will advance to the next higher Coinsurance Percentage Step on January 1, [2010].
2. Any person falling in #1 above who does not visit a dentist during [2010] and have a dental procedure performed, will revert to Step 1 on January 1, [2011]
3. Any person who has advanced to the next higher Coinsurance Percentage Step will advance to the next higher step if during each Benefit Period, he or she

visits a dentist and has a dental procedure performed. If this is not done, however, the person will revert to Step 1 on the next following January 1 and must advance to Steps 2, 3 and 4 as if he or she were newly insured.

3. Progressive Incentive:

[For those persons insured on [January 1, 2009] Step [2] applies during the first Benefit Period the person becomes insured.

For those persons insured after [January 1, 2009] Step 1 applies during the first Benefit Period the person becomes insured.

or

Step 1 applies during the first Benefit Period the person becomes insured.]

If a plan includes Takeover benefits the first two paragraphs above will be included to allow those that qualify for Takeover to start at a higher Coinsurance Percentage. If a plan does not include Takeover benefits only the last sentence above will be included.

Step 2 will apply during the second Benefit Period, Step 3 during the third Benefit Period, and Step 4 will apply during each Benefit Period after.

If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

4. New Date of Hire Incentive:

A. The Coinsurance Percentage Steps for those persons insured after [January 1, 2009], will be determined as follows:

1. Step 1 applies during the first Benefit Period the person becomes insured.
2. If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 and 3 will apply during the second and third Benefit Period, respectively, and Step 4 will apply during each Benefit Period after.
3. If, during any Benefit Period, the person fails to visit a dentist to have a dental procedure performed, Step 1 will automatically reapply during the following Benefit Period, and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

B. The Coinsurance Percentage Steps for those persons insured on [January 1, 2009], will be determined as follows:

Step 1 Those employed in [2009].

Step 2 Those employed in [2008].

Step 3 Those employed in [2007].

Step 4 Those employed prior to [2007].

1. Any such person between [January 1, 2009], and [December 31, 2009] who does not visit a dentist during [2009] will remain at the same Step that applied during [2009].
2. Any person who has advanced to the next higher Coinsurance Percentage Step will advance to the next higher step if during each Benefit Period, he or she visits a dentist and has a dental procedure performed. If this is not done, however, the person will revert to Step 1 on the next following January 1 and must advance to Steps 2, 3 and 4 as if he or she were newly insured.

5. Family Progressive Incentive:

[For those persons insured on [January 1, 2009] Step [3] applies during the first Benefit Period.

For those persons insured after [January 1, 2009] Step 1 applies during the first Benefit Period.

or

Step 1 applies during the first Benefit Period.]

If a plan includes Takeover benefits the first two paragraphs above will be included to allow those that qualify for Takeover to start at a higher Coinsurance Percentage. If a plan does not include Takeover benefits only the last sentence above will be included.

Step 2 will apply during the second Benefit Period.

Step 3 will apply during the third Benefit Period.

Step 4 will apply during each Benefit Period after.

If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

6. 10% Advance Incentive:

[For those persons insured on <MDY(cDivEffDate)> Step <nDenStart> applies during the first Benefit Period the person becomes insured.

For those persons insured after <MDY(cDivEffDate)> Step 1 applies during the first Benefit Period the person becomes insured.

or

Step 1 applies during the first Benefit Period the person becomes insured.]

If a plan includes Takeover benefits the first two paragraphs above will be included to allow those that qualify for Takeover to start at a higher Coinsurance Percentage. If a plan does not include Takeover benefits only the last sentence above will be included.

If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 will apply during the second Benefit Period, Step 3 during the third Benefit Period, and Step 4 will apply during each Benefit Period after.

If, during any Benefit Period, the person fails to visit a dentist or fails to have a dental procedure performed, the coinsurance percentage drops back one Step. The coinsurance percentage will never be less than the coinsurance percentage in Step 1.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

7. Date of Hire progressive Incentive:

- A. The Coinsurance Percentage Steps for those persons insured after [January 1, 2009], will be determined as follows:
1. Step 1 applies during the first Benefit Period the person becomes insured.
 2. If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 and 3 will apply during the second and third Benefit Period, respectively, and Step 4 will apply during each Benefit Period after.
 3. If, during any Benefit Period, the person fails to visit a dentist to have a dental procedure performed, the person will remain at the same Step that applied during the previous Benefit Period.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

- B. The Coinsurance Percentage Steps for those persons insured on [January 1, 2009], will be determined as follows:

Step 1 Those employed in [2009].

Step 2 Those employed in [2008].

Step 3 Those employed in [2007].

Step 4 Those employed prior to [2007].

1. Any such person between [January 1, 2009], and [December 31, 2009] will advance to the next higher Coinsurance Percentage Step on January 1, [2010].
2. Any person falling in #1 above who does not visit a dentist during [2010] and have a dental procedure performed, will remain at the same Step that applied during the previous Benefit Period.
3. Any person who has advanced to the next higher Coinsurance Percentage Step will advance to the next higher step if during each Benefit Period, he or she visits a dentist and has a dental procedure performed. If this is not done, however, the person will remain at the same Step that applied during the previous Benefit Period.

8. Date of Hire Advance Incentive:

- A. The Coinsurance Percentage Steps for those persons insured after [January 1, 2009], will be determined as follows:
1. Step 1 applies during the first Benefit Period the person becomes insured.
 2. If the person visits a dentist during each Benefit Period and has a dental procedure performed, Step 2 and 3 will apply during the second and third Benefit Period,

respectively, and Step 4 will apply during each Benefit Period after.

3. If, during any Benefit Period, the person fails to visit a dentist to have a dental procedure performed, the insured person's coinsurance level will drop back one coinsurance level step.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than twelve months, the insured person's coinsurance level will revert back one coinsurance level step for every 12 months of the break.

- B. The Coinsurance Percentage Steps for those persons insured on [January 1, 2009], will be determined as follows:

- Step 1 Those employed in [2009]
- Step 2 Those employed in [2008]
- Step 3 Those employed in [2007]
- Step 4 Those employed prior to [2007]

1. Any such person insured between [January 1, 2009], and [December 31, 2009] will advance one step to the next higher Coinsurance Percentage Step on [January 1, 2010], if they have visited a dentist and had a dental procedure performed. Initial insured employees and dependents will remain at the same coinsurance level step during [2010] if they fail to visit the dentist and have one dental procedure performed.
2. For every January 1, thereafter, should any person fail to visit the dentist in any calendar year, or should he or she fail to have at least one dental procedure performed within the given year, the person will drop back one coinsurance level step, but never below the original Step 1 coinsurance level.

Exception: If, during any Benefit Period, the person has a break in continuous coverage of more than twelve months, the insured person's coinsurance level will revert back one coinsurance level step for every 12 months of the break.

MAXIMUM AMOUNT

The Maximum Amount can range between \$250 to \$10,000 or more in increments of \$50 dependent upon plan selection.

If the Maximum Amount is different when utilizing a Participating Provider versus a Non-Participating Provider the Maximum Amount will be listed as following:

When a Non-Participating Provider is used:
Maximum Amount - Each Benefit Period
\$[1,000]

When a Participating Provider is used:
Maximum Amount - Each Benefit Period
\$[1,250]

If certain procedures will not count toward the Maximum Amount, a sentence such as the following will be added to the paragraph MAXIMUM AMOUNT:

In no event will expenses incurred for Type [1] Procedures count toward the Maximum Benefit.

If an Internal Maximum is selected the following text will be used. This could apply to any of the Benefit Types or may apply to procedures for Temporomandibular Joint Dysfunction. The dollar amount listed will vary based on plan selection. This Internal Maximum may apply each "Benefit Period" or "per Lifetime".

Type [3] Eligible Dental Expense Benefits may not exceed [\$500] [per Lifetime, in any Benefit Period].

ELIMINATION (WAITING) PERIODS

Elimination Periods may be included based on plan selection. If included, the Elimination Period will be one of the following 3, 6, 9, 12, 18, or 24 months. The Elimination period may also apply to different Benefit Types and/or multiple Benefit Types. For example the Elimination Period could be 6 months on Type 2 Procedures and 12 months on Type 3 Procedures. If no Elimination Period applies, the entire paragraph will be removed.

ORTHODONTIC EXPENSE BENEFITS

The Orthodontic Maximum Amount can range between \$250 to \$10,000 or more in increments of \$50 dependent upon plan selection.

The Maximum Amount for Orthodontic Expense Benefits can be applied "During Lifetime" or "each Benefit Period" or both.

If the Deductible Amount, Coinsurance, or Maximum Amount for Orthodontic expense benefits is different when utilizing a Participating Provider versus a Non-Participating Provider these amounts will be listed similar to the following:

	Participating Provider	Non-Participating Provider
Deductible Amount - Once per lifetime	\$100	\$150
Coinsurance Percentage	60%	50%
Maximum Benefit During Lifetime	\$1,500	\$1,000

An Elimination Period for Orthodontic Expense Benefits may be included based on plan selection. If included the Elimination Period will be 12, 18, or 24 months.

If the policyholder has selected a plan with Takeover for Orthodontic Expense Benefits, the following will be listed:

The Maximum Benefit shown above will be modified for:

- a. any person who was insured for an Orthodontic Expense Benefit under the prior carrier on [January 1, 2009], and
- b. on [January 1, 2009] is both:
 - i. insured under the policy, and
 - ii. currently undergoing a Treatment Program which would have been a covered Treatment Program under the prior carrier had the prior carrier's coverage remained in force.

The modification will result in a reduction of the Maximum Benefit based on:

- a. the normal benefit payable under the policy for the current Treatment Program, minus
- b. any amounts to which the person is entitled from the prior carrier for such Treatment Program.

Nothing stated above, however, will act to provide coverage or increase benefits, when the Treatment Program is subject to any limitation shown on 9260.

Similar to the Dental Maximum Amount, if an internal maximum on Orthodontic Expense Benefits exists the following will be included:

Orthodontic Expense Benefits may not exceed \$[1,000] [in any Benefit Period, per Lifetime].

If the Policyholder has selected a plan in which the deductible for Dental and Orthodontic Expense Benefits are combined together so that the member only has to satisfy one deductible, the following will be included:

¹ The deductible is combined for both the Dental Expense and the Orthodontic Expense Benefits.

EYE CARE EXPENSE BENEFITS

When the Policyholder has not chosen a PPO (or Participating Provider) option, all references to participating and non-participating providers are deleted.

The Deductible Amount for Eye Care Expense Benefits can range from \$0 to \$25 based on plan selection. This amount can be applied "Each Benefit Period" or "Once per Lifetime". The Deductible Amount may also be applied to any and/or multiple Eye Care Benefits. For Example a \$25 Deductible on Lenses and Frames - Each Benefit Period. The deductible may also vary whether a Participating Provider or Non-Participating Providers is used.

The Maximum Amount for Eye Care Expense Benefits can range from \$50 to \$300 in \$50 increments or may be removed entirely if not included in the selected plan design.

Some services such as eye care exams, frames, or lenses may not apply to the Eye Care Maximum. If the policyholder has selected this plan than the following will be included:

[Eye Care Exams] are not subject to the Eye Care Maximum Amount.

Increasing Eye Care Maximum

If this plan is selected, the Member's eye care maximum will increase each benefit period up to the greatest amount in either the 3rd or 4th benefit period.

For Covered Procedures, we will pay up to the following maximum amount that corresponds to the Benefit Period in which the Covered Procedure was performed:

[Maximum Amount - 1st Benefit Period	[\$0-350]
2nd Benefit Period	[\$0-350]
3rd Benefit Period	[\$50-400]
4th + Benefit Period	[\$50-400]]

LASER VISION CORRECTION EXPENSE BENEFITS

The Deductible Amount for Laser Vision Correction Expense Benefits can range from \$0 to \$250 based on plan selection. This amount can be applied "Each Benefit Period" or "Once per Lifetime".

The Coinsurance Percentage for Laser Vision Correction Expense Benefits can range from 50% - 100% in 5% increments. Normally it remains at 100%. Similarly to the Dental Expense Benefits Coinsurance Percentage the Percentage can be on an incentive basis starting at 50% and increasing to as much as 100% over 2 - 4 years.

If the Incentive Coinsurance option is selected by the policyholder the following will also be included:

[For those persons insured on [January 1, 2009] Step [2] applies during the first Benefit Period the person becomes insured.

For those persons insured after [January 1, 2009] Step 1 applies during the first Benefit Period the person becomes insured.

or

Step 1 applies during the first Benefit Period the person becomes insured.]

If a plan includes Takeover benefits the first two paragraphs above will be included to allow those that qualify for Takeover to start at a higher Coinsurance Percentage. If a plan does not include Takeover benefits only the last sentence above will be included.

Step 2 will apply during the second Benefit Period, Step 3 during the third Benefit Period, and Step 4 will apply during each Benefit Period after.

If, during any Benefit Period, the person has a break in continuous coverage of more than one month, Step 1 will reapply for the balance of that Benefit Period and the person must advance to Steps 2, 3 and 4 as if he or she were newly insured.

HEARING CARE EXPENSE BENEFITS

Deductible Amounts for Hearing Expense Benefits can range between \$0 to \$250 in increments of \$5 dependent upon Policyholder selection. Deductible Amounts can be applied by Benefit Period, Quarter, Annually, per Visit, and per Lifetime. Deductible Amounts can also be combined to apply to more than one Hearing Benefit Type. For Example, a \$50 per Benefit Period deductible can apply to Hearing Exams, Hearing Aids, and Hearing Aid Maintenance. The Deductible Amount listed on the Schedule of Benefits page is indicative of one of the most popular plan designs.

When the policyholder has chosen to include a deductible carry-over provision on hearing expense benefits, the following language will be added to the paragraph DEDUCTIBLE AMOUNT, on the Schedule of Benefits:

If an Insured incurs Covered Expenses:

- i. during the last three months of any Benefit Period; and
- ii. these expenses are applied towards the Deductible Amount for that Benefit Period,

Such Covered Expenses will also apply to the Deductible Amount for the following Benefit Period.

The Coinsurance Percentage for Hearing Expense Benefits can range from 50% to 100% based on Policyholder selection and our own coverage philosophy.

The Hearing Aid Maximum Amount can apply to "both ears" or "per ear". It may increase from as little as 2 12-month periods up to 4 12-month periods. The dollar amounts can range from \$400 - \$1,500 dollars in \$50 increments.

COMBINED EXPENSE BENEFITS

The Deductible Amount for Combined Expense Benefits, if selected by the policyholder, can range from \$10 to \$250 based on plan selection. This amount can be applied "Each Benefit Period" or "Once per Lifetime".

In addition, an aggregate deductible amount may be included per lifetime. This would be a deductible amount limit that an Insured would satisfy once per lifetime then no other deductible would be required. If selected by the policyholder, the following would be included:

*Combined Dental and Eye Care Deductible Amount	\$200
Once per Lifetime	

The combined [Annual, Lifetime] deductible is subject to the Aggregate Lifetime deductible amount listed here.

The Combined Maximum Amount, if selected by the policyholder, can range from \$250 to \$10,000 or more in increments of \$50 based on plan selection.

The Combined Exam Frequencies, if selected by the policyholder, can range from 1 to 4 Exams - Each Benefit Period or a rolling period of months based on plan selection. If applicable, the rolling number of months may be 6 months or 12 months.

The procedures listed may be changed to match the procedures listed on the 9232 Table of Dental Procedures that qualify as Dental Exams.

SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE

The Insurance for each Insured [and each Insured Dependent] will be based on the Insured's class shown in this Schedule of Benefits.

Benefit Class

Class Description

[Class 1

All Eligible Employees]

[DENTAL EXPENSE BENEFITS

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out-of-pocket costs.]

Deductible Amount:

[When a Participating Provider is used:]

[Type 1 Procedures] - [each Benefit Period]	[\$0][*]
[Type 2 Procedures] - [each Benefit Period]	[\$50][*]
[Type 3 Procedures] - [each Benefit Period]	[\$50][*]
[Type 4 Procedures] - [each Benefit Period]	[\$50][*]

[When a Non-Participating Provider is used:]

[Type 1 Procedures] - [each Benefit Period]	[\$0][*]
[Type 2 Procedures] - [each Benefit Period]	[\$50][*]
[Type 3 Procedures] - [each Benefit Period]	[\$50][*]
[Type 4 Procedures] - [each Benefit Period]	[\$50][*]

Maximum Deductible [each Benefit Period, per Quarter]

[\$50]

[[Any deductible satisfied during the Benefit Period will be applied to both the Participating Provider Deductible and the Non-Participating Provider Deductible.] Once the Maximum Deductible per Benefit Period has been met, no further deductible will be required for that Benefit Period.]

[Dental expenses incurred by an individual on or after January 1, [2010], but before [May 1, 2010], will apply to the Deductible Amount if:

- a. proof is furnished to us that such dental expenses were applicable to the deductible under the Policyholder's dental insurance policy in force immediately prior to [May 1, 2010]; and
- b. such expenses would have been considered Covered Expenses under this policy had this policy been in force at the time the expenses were incurred.]

Coinsurance Percentage:

[Participating Provider]

[Non-Participating Provider]

[Type 1 Procedures]	[100%]	[90%]
[Type 2 Procedures]	[80%]	[70%]
[Type 3 Procedures]	[50%]	[40%]
[Type 4 Procedures]	[50%]	[50%]

Maximum Amount – [Each Benefit Period]

[\$1500][*]

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SCHEDULE OF BENEFITS

(Continued)

[You and/or your dependents must be insured under the dental plan for [6] months to be eligible for Type [3] Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.]]

[ORTHODONTIC EXPENSE BENEFITS

[Deductible Amount]	[\$0]
[Coinsurance Percentage]	[50%]
[Maximum Benefit during Lifetime]	[\$1,000]]

[The Plan pays [25%-50%] of covered Orthodontic Expenses.]

[The Maximum Benefit shown above will be modified for:

- a. any person who was insured for an Orthodontic Expense Benefit under the prior carrier on [December 31, 2007], and
- b. on [January 1, 2008] is both:
 - i. insured under the policy, and
 - ii. currently undergoing a Treatment Program which would have been a covered Treatment Program under the prior carrier had the prior carrier's coverage remained in force.

The modification will result in a reduction of the Maximum Benefit based on:

- a. the normal benefit payable under the policy for the current Treatment Program, minus any amounts to which the person is entitled from the prior carrier for such Treatment Program.

Nothing stated above, however, will act to provide coverage or increase benefits, when the Treatment Program is subject to any limitation shown on 9260.]

[You and/or your dependents must be insured under the dental plan for [12] months to be eligible for Orthodontic Procedures. Please refer to the ORTHODONTIC EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.]]

[EYE CARE EXPENSE BENEFITS

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out-of-pocket costs.]

Deductible Amount:

[Exam- [each Benefit Period]]	[\$ 10][*]
[Lenses - Other than contact lenses- [Once Per Lifetime]]	[\$ 25][*]
[Frames and Contact Lenses - [Once Per Lifetime]]	[\$ 25][*]

[Maximum Amount – [each Benefit Period] [\$200][*]

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[Increasing Eye Care Maximum]

For Covered Procedures, we will pay up to the following maximum amount that corresponds to the Benefit Period in which the Covered Procedure was performed:

[Maximum Amount -	1st Benefit Period	[\$0-350]
	2nd Benefit Period	[\$0-350]
	3rd Benefit Period	[\$50-400]
	4th + Benefit Period	[\$50-400]

[Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.]]

[LASER VISION CORRECTION EXPENSE BENEFITS]

[Deductible Amount - [each Benefit Period]] \$[50]
Coinsurance Percentage: [100%]

[Please refer to the LASER VISION CORRECTION BENEFIT RIDER for details regarding frequency, limitations, and exclusions.]]

[HEARING CARE EXPENSE BENEFITS]

Deductible Amount:

[Exams] - [each Benefit Period] [\$0]
[Hearing Aids] - [each Benefit Period] [\$0]
[Hearing Aid Maintenance] - [each Benefit Period] [\$0]
[Hearing Miscellaneous] - [each Benefit Period] [\$0]]

[If an Insured incurs Covered Expenses:

- i. during the last three months of any Benefit Period; and
- ii. these expenses are applied towards the Deductible Amount for that Benefit Period,

Such Covered Expenses will also apply to the Deductible Amount for the following Benefit Period.]

Coinsurance Percentage:

[Exams] [100%*]
[Hearing Aids] [50%]
[Hearing Aid Maintenance] [100%*]
[Hearing Miscellaneous] [100%*]]

*refer to 9290 SCHEDULE OF HEARING CARE SERVICES regarding the amount of benefits payable.

[[Hearing Aid] Maximum Amount [(per ear)]:

[1st 12 month Period] \$[400]
[2nd 12 month Period] \$[600]
[3rd 12 month Period] \$[800]
[4th 12 month Period or thereafter] \$[1,000]

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The term “12 Month Period” means the 12 month period of time beginning with the effective date of the hearing care benefits shown above for the Insured and each Insured Dependent, if any, and thereafter each subsequent 12 month period that begins on the anniversary of the effective dates described earlier in this sentence. It is important to note that for purposes of determining the appropriate 12 Month Period, the Insured and each Insured Member, if any, may have different initial effective dates depending on when they first became covered by this Policy.

EXCEPTION: If an Insured or Insured Dependent, if any, was previously covered under this policy but had a break in continuous coverage under this policy of more than twelve consecutive months, upon resuming coverage hereunder the Insured or Insured Dependent, if any, will be considered a new insured person for determining the applicable 12 Month Period when calculating the Covered Expense. After resuming coverage under this policy following a break in coverage of more than 12 consecutive months, the insured’s initial 12 Month Period (and each subsequent 12 Month Period) will be based on the Insured’s new effective date. Insureds with a break in coverage under this policy of less than 12 consecutive months will, upon resumption of their coverage under this policy, be treated as if they had continuous coverage under this policy **BUT ONLY FOR PURPOSES OF THE 12 MONTH PERIOD DETERMINATION**. For all other purposes, persons will not be considered insured under this policy during any period of time when their coverage is not in effect.]

[COMBINED EXPENSE BENEFITS

[*Combined [Dental And Eye Care] Deductible Amount: [each Benefit Period] [\$50]
The deductibles listed with the () above are subject to the maximum deductible amount listed here.]*

[*Combined [Dental and Eye Care] Maximum – [each Benefit Period] [\$1,500]
The maximums listed with the () above are subject to the maximum amount listed here.]*

[Combined [Dental and Eye Care] Exam Frequencies
Routine Exams for [Dental and Eye Care] are limited to [Twice] per [Benefit Period]

Dental Exams will include:

[D0120 Periodic oral evaluation]

[D0150 Comprehensive oral evaluation - new or established patient.]

[D0180 Comprehensive periodontal evaluation – new or established patient.]

A routine eye care exam is a vision examination as defined on the Schedule of Eye Care Services.]

The above frequencies for [Dental and Eye Care] Exams are subject to the plan frequencies as defined within the [Table of Dental Procedures and the Eye Care Insurance provision].]

[DENTAL EXPENSE BENEFITS

[When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.]

First Level: The Plan pays [0 - 100]% of the first \$[0-5,000] of Covered [Preventive, Dental and Orthodontic] Expenses [up to the Maximum Amount].

Second Level: You pay the next \$[25 - 250] of Covered Expenses. (You will not be reimbursed for this \$[25 - 250] of Covered Expenses.)

Third Level: The Plan will also pay [0 - 100]% of the next \$[0 - 5,000] of any Covered [Dental and Orthodontic] Expenses [subject to the Maximum Amount].

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Fifth Level: The Plan will also pay [0 - 100]% of the remaining \$[0 - 5,000] of any Covered [Dental and Orthodontic] Expenses [subject to the Maximum Amount].

[\$500 - 2,500, Not Applicable]]